

<b>Case Number:</b>	CM13-0005938		
<b>Date Assigned:</b>	08/23/2013	<b>Date of Injury:</b>	10/16/1995
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	07/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The underlying date of injury in this case is 10/16/1999. The patient is a 59-year-old man. He is status post an anterior cervical discectomy at C4-5 and also at C6-7. Subsequently, he developed a herniated nucleus pulposus at C5-6 and underwent cervical fusion at C4 through C7. The patient subsequently reported constant moderate cervical pain radiating to both shoulders with associated numbness and tingling. An initial physician review noted that the patient had deltoid weakness on the left and triceps weakness on the left at 4 to 5 and reflexes of 2+. Postoperative MRI imaging demonstrated a traditional bulge protruding at C2-3 and C7-T1, possibly impinging on the left side exiting nerve root. Overall, prior review indicates that the medical records did not clearly support the presence of a cervical radiculopathy and recommended that the requested epidural injection be non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**A selective nerve root block left C7-T1:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Injection.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Section Epidural Injection Page(s): 46.

**Decision rationale:** The MTUS Chronic Pain guidelines cited indicate that there is insufficient evidence to make any recommendation for the use of epidural steroid injections to treat radicular

cervical pain; radiculopathy must be documented by physical exam and corroborative imaging studies and/or electrodiagnostic testing. The guidelines, therefore, only weakly support the concept of cervical epidural injections overall. The medical record provided in this case, in terms of specific neurological findings, do not clearly support an injection. Overall, the medical records and guidelines do not support this request. The request for a selective nerve root block left C7-T1 is not medically necessary and appropriate.